

United States District Court
District of Wyoming

Petition for Warrant or Summons for Offender Under Supervision

Name of Offender : Joshua Michael Beckstead Case No. 12CR-0165-S; 0262; 0263; 0280
 Sentencing Judicial Officer: Scott W. Skavdahl
 Date of Original Sentence: March 7, 2013
 Original Offense: 12CR-0165-S Count 1: Bank Robbery; Count 2: Bank Robbery
 12CR-0262-S Count 1: Credit Union Robbery
 12CR-0263-S Count 1: Credit Union Robbery
 12CR-0280-S Count 1: Bank Robbery
 Original Sentence: 112 months custody/ 3 years supervised release
 Type of Supervision: Supervised Release
 Date Supervision Commenced: May 13, 2020
 Date Supervision Modified: March 9, 2021; 90 days location monitoring program
 Assistant U.S. Attorney: Stuart S. Healy
 Defense Attorney: James H. Barrett

Petitioning the Court

- ☒ To issue a warrant
☐ To issue a summons
☐ To sign and have filed an amended petition


The probation officer believes the offender has violated the following condition(s) of supervision:

(See attached)

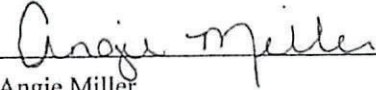
U.S. Probation Officer Recommendation:

- ☒ The term of supervision should be
☒ revoked.
☐ extended for _____ years, for a total of _____ years.
☐ The conditions of supervision should be modified as follows:

I declare under penalty of perjury that the foregoing is true and correct.


 Josh Oster
 U.S. Probation Officer

4-14-2021
 Date

Approved by: 
 Angie Miller
 Supervisory U.S. Probation Officer

Petition for Warrant
Joshua Michael Beckstead

THE COURT ORDERS:

- ☐ No Action
☒ The issuance of a warrant
☐ The issuance of a summons
☐ Other

THE COURT FURTHER ORDERS:

- ☒ Counsel to file Notice of Intent to Contest the Results of the Urinalysis Testing within two days of the Initial Appearance on this Petition.


 Scott W. Skavdahl
 Chief U.S. District Judge

4/14/21
 Date

Violation No. 1

Standard Condition

The defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician.

Nature of Noncompliance

On or about February 4, 2021, and February 8, 2021, the defendant used methamphetamine as evidenced by his positive urinalysis drug tests submitted on those dates.

U.S. Probation Officer's Action

On February 11, 2021, the defendant admitted he used methamphetamine and signed a written admission stating he used methamphetamine on February 3, 2021.

The possible consequences were discussed with the defendant should he continue to use methamphetamine or continue to associate with people that are using the illegal substance. Subsequently, Mr. Beckstead was verbally reprimanded and directed to disclose his relapse with his substance abuse counselor Ken Hicks.

Violation No. 2

Standard Condition

7

The defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician.

Nature of Noncompliance

On March 1, 2021, the defendant submitted an instant urinalysis drug test that tested presumptive positive for methamphetamine. Mr. Beckstead admitted he relapsed and signed a written admission stating he used methamphetamine on or about February 26, 2021. Furthermore, on March 2, 2021, the defendant submitted a urinalysis drug test which confirmed positive for methamphetamine.

U.S. Probation Officer's Action

On March 9, 2021, the defendant's conditions of supervised release were modified to require the defendant serve 90 days on the location monitoring program in response to his continued non-compliance.

On March 12, 2021, Mr. Beckstead was signed up for the location monitoring program and referred for increased counseling at a level 2.1 Intensive Outpatient Treatment at Crossroads Counseling Center.

Violation No. 3

Standard Condition

7

The defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician.

Petition for Warrant
Joshua Michael Beckstead

Nature of Noncompliance

On or about April 5, 2021, the defendant used methamphetamine as evidenced by his presumptive positive drug test submitted on that date and his written admission signed on April 6, 2021.

U.S. Probation Officer's Action

A Petition for Warrant for Offender Under Supervision is submitted to the Court.

Penalties for Supervised Release Violations:

Statutory Penalties: According to 18 U.S.C. § 3583(e)(3), the Court may revoke a term of supervised release and require the person to serve in prison all or part of the term of supervised release authorized by statute for the offense that resulted in such term of supervised release without credit for time previously served on post-release supervision. The maximum revocation term of custody for a Class C Felony is 2 years.

Pursuant to 18 U.S.C. § 3583(h), if supervision is revoked and the defendant is sentenced to a term of imprisonment, the Court may sentence the defendant to an additional term of supervised release. The length of such a term of supervised release shall not exceed the term of supervised release authorized by statute for the original offense, less any term of imprisonment imposed upon revocation of supervised release.

Guideline Penalties: In the case of revocation of supervised release, the applicable term of imprisonment is found in the Sentencing Guideline Table under 7B1.4(a). This section states that for Grade C Violations with a Criminal History Category of VI, and where the defendant was on supervised release as a result of a sentence for a Class C felony, the applicable imprisonment range is 8 to 14 months.

Pursuant to U.S.S.G. § 7B1.3(g)(2), the term should not exceed the original term of supervised release authorized by statute less any term of imprisonment imposed upon revocation.



DRUG TEST REPORT

Alere Toxicology Services, Inc.
1111 Newton Street
Gretna, LA 70053
(800) 433-3823
FAX: (504) 361-8298

WYOMING PROBATION - CASPER

111 S. WOLCOTT
ROOM 300
CASPER, WY 82601

Facility Phone: 307-232-2670

Fax: 307-261-5759

Collection Site Number: 10890001P

Collection Site Name: WYOMING PROBATION - CASPER

Collection Site Address: 111 S. WOLCOTT

Collection Site City, State Zip: CASPER, WY 82602

Collection Site Phone: 307-261-5752

Collection Site Fax: 000-000-0000

Account Number: 10890002P
Div. Office Number: 10890001P
National Lab Number: 58180773
Specimen ID Number: B04636145
Specimen Type: URINE

PACTS Number: 15204

Onsite Test ID: 0718378

Case Officer Initials: KA

Collector Name

NA

Donor Name/ID: BECKSTEAD

Date Collected: 02/04/21

Date Received: 02/15/21

Date Reported: 02/18/21

Reason for Drug Test: Urine Surveillance

Panel Description: AMPH CONF CLIN 1098

Drug Test Result	Drug/Remark	Quantitative Value
POSITIVE	METHAMPHETAMINE	
NOTIFICATION	D-METHAMPHETAMINE	97 %
	L-METHAMPHETAMINE	2 %

Confirmation Method: GC/MS and/or LC-MS/MS

The following drugs and/or drug classes were tested at the indicated threshold (cut-off) levels:

Description	Screening Level	Confirmation Level	Result
AMPHETAMINE / METHAMPHETAMINE		250 ng/ml	POSITIVE
MDMA / MDA		250 ng/ml	NEGATIVE
METHAMPHETAMINE ISOMERS			NOTIFICATION
Validity Test	Result	Normal Range	
CREATININE	NORMAL	> 20 mg/dL	
SPECIFIC GRAVITY	NORMAL	= or > 1.0030 - < 1.0450	
pH	NORMAL	= or > 4.0 - < 10	

NA

GEORGE DORSEY - CERTIFYING TECHNICIAN/SCIENTIST

COLLECTOR NAME



DRUG TEST REPORT

Alere Toxicology Services, Inc.
1111 Newton Street
Gretna, LA 70053
(800) 433-3823
FAX: (504) 361-8298

WYOMING PROBATION - CASPER

111 S. WOLCOTT
ROOM 300
CASPER, WY 82601

Facility Phone: 307-232-2670

Fax: 307-261-5759

Collection Site Number: 10890001P

Collection Site Name: WYOMING PROBATION - CASPER

Collection Site Address: 111 S. WOLCOTT

Collection Site City, State Zip: CASPER, WY 82602

Collection Site Phone: 307-261-5752

Collection Site Fax: 000-000-0000

Account Number: 10890002P
Div. Office Number: 10890001P
National Lab Number: 58272536
Specimen ID Number: B04636150
Specimen Type: URINE

PACTS Number: 15204
Onsite Test ID: 078403
Case Officer Initials: KA

Collector Name

NA

Donor Name/ID: BECKSTEAD

Date Collected: 02/08/21

Date Received: 03/02/21

Date Reported: 03/06/21

Reason for Drug Test: Urine Surveillance

Panel Description: AMPH CONF CLIN 1098

<u>Drug Test Result</u>	<u>Drug/Remark</u>	<u>Quantitative Value</u>
POSITIVE	AMPHETAMINE	
	METHAMPHETAMINE	
NOTIFICATION	D-METHAMPHETAMINE	96 %
	L-METHAMPHETAMINE	3 %

Confirmation Method: GC/MS and/or LC-MS/MS

The following drugs and/or drug classes were tested at the indicated threshold (cut-off) levels:

<u>Description</u>	<u>Screening Level</u>	<u>Confirmation Level</u>	<u>Result</u>
AMPHETAMINE / METHAMPHETAMINE		250 ng/ml	POSITIVE
MDMA / MDA		250 ng/ml	NEGATIVE
METHAMPHETAMINE ISOMERS			NOTIFICATION
<u>Validity Test</u>	<u>Result</u>	<u>Normal Range</u>	
CREATININE	NORMAL	> 20 mg/dL	
SPECIFIC GRAVITY	NORMAL	= or > 1.0030 - < 1.0450	
pH	NORMAL	= or > 4.0 - < 10	

NA

TRANISHA SMOTHERS - CERTIFYING TECHNICIAN/SCIENTIST

COLLECTOR NAME

UNITED STATES PROBATION OFFICE
DISTRICT OF WYOMING

Admission of Drug Use

I, Josh Blackwell, HEREBY ADMIT THAT I HAVE USED THE FOLLOWING DRUG(S) ON THE DATE(S) INDICATED BELOW WITHOUT PROPER MEDICAL AUTHORIZATION IN THE FORM OF A VALID PRESCRIPTION OR PHYSICIAN'S INSTRUCTIONS:

Meth
DRUG

2-08-2021
DATE

DRUG

DATE

DRUG

DATE

THIS ADMISSION OF DRUG USE IS MADE VOLUNTARILY AND WITHOUT THREAT OR PROMISE, AND I UNDERSTAND THAT IT CAN BE USED AGAINST ME IN A COURT OF LAW OR U. S. PAROLE COMMISSION PROCEEDINGS.

SIGN: [Signature]

DATE: 2-11-2021

[Signature]
WITNESS



DRUG TEST REPORT

Alere Toxicology Services, Inc.
1111 Newton Street
Gretna, LA 70053
(800) 433-3823
FAX: (504) 361-8298

WYOMING PROBATION - CASPER

111 S. WOLCOTT
ROOM 300
CASPER, WY 82601

Facility Phone: 307-232-2670

Fax: 307-261-5759

Collection Site Number: 10890001P

Collection Site Name: WYOMING PROBATION - CASPER

Collection Site Address: 111 S. WOLCOTT

Collection Site City, State Zip: CASPER, WY 82602

Collection Site Phone: 307-261-5752

Collection Site Fax: 000-000-0000

Account Number: 10890002P
Div. Office Number: 10890001P
National Lab Number: 58375505
Specimen ID Number: B04636157
Specimen Type: URINE

FACTS Number: 15204
Onsite Test ID: 078809
Case Officer Initials: KA

Collector Name
NA

Donor Name/ID: BECKSTEAD

Date Collected: 03/02/21
Date Received: 03/12/21
Date Reported: 03/17/21

Reason for Drug Test: Urine Surveillance

Panel Description: AMPH CONF CLIN 1098

Drug Test Result	Drug/Remark	Quantitative Value
POSITIVE	METHAMPHETAMINE	96 %
NOTIFICATION	D-METHAMPHETAMINE	3 %
	L-METHAMPHETAMINE	

Confirmation Method: GC/MS and/or LC-MS/MS

The following drugs and/or drug classes were tested at the indicated threshold (cut-off) levels:

Description	Screening Level	Confirmation Level	Result
AMPHETAMINE / METHAMPHETAMINE		250 ng/ml	POSITIVE
MDMA / MDA		250 ng/ml	NEGATIVE
METHAMPHETAMINE ISOMERS			NOTIFICATION
Validity Test	Result	Normal Range	
CREATININE	NORMAL	> 20 mg/dL	
SPECIFIC GRAVITY	NORMAL	= or > 1.0030 - < 1.0450	
pH	NORMAL	= or > 4.0 - < 10	

WARREN GLAPION - CERTIFYING TECHNICIAN/SCIENTIST

NA

COLLECTOR NAME

UNITED STATES PROBATION OFFICE
DISTRICT OF WYOMING

Admission of Drug Use

I, [Signature], HEREBY ADMIT THAT I HAVE USED THE
FOLLOWING DRUG(S) ON THE DATE(S) INDICATED BELOW WITHOUT PROPER
MEDICAL AUTHORIZATION IN THE FORM OF A VALID PRESCRIPTION OR
PHYSICIAN'S INSTRUCTIONS:

2 prescribed m-h
DRUG

26-7-4
DATE

DRUG

DATE

DRUG

DATE

THIS ADMISSION OF DRUG USE IS MADE VOLUNTARILY AND WITHOUT THREAT
OR PROMISE, AND I UNDERSTAND THAT IT CAN BE USED AGAINST ME IN A
COURT OF LAW OR U. S. PAROLE COMMISSION PROCEEDINGS.

SIGN: [Signature]
DATE: 3-1-2021

[Signature]
WITNESS

UNITED STATES PROBATION OFFICE
DISTRICT OF WYOMING

Admission of Drug Use

I, Josh Beckstead, HEREBY ADMIT THAT I HAVE USED THE FOLLOWING DRUG(S) ON THE DATE(S) INDICATED BELOW WITHOUT PROPER MEDICAL AUTHORIZATION IN THE FORM OF A VALID PRESCRIPTION OR PHYSICIAN'S INSTRUCTIONS:

Methamphetamine
DRUG

4-1-21
DATE

DRUG

DATE

DRUG

DATE

THIS ADMISSION OF DRUG USE IS MADE VOLUNTARILY AND WITHOUT THREAT OR PROMISE, AND I UNDERSTAND THAT IT CAN BE USED AGAINST ME IN A COURT OF LAW OR U. S. PAROLE COMMISSION PROCEEDINGS.

SIGN: _____

DATE: _____

[Signature]
WITNESS

09/03/2004

UNITED STATES DISTRICT COURT

for the
District of Wyoming

United States of America
v.
Joshua Michael Beckstead

Case No. 12-cr-00165-SWS-1
12-cr-00262-SWS-1
12-cr-00263-SWS-1
12-cr-00280-SWS-1

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) JOSHUA MICHAEL BECKSTEAD,
who is accused of an offense or violation based on the following document filed with the court:

☐ Indictment ☐ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☒ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

Petition to Revoke Supervision:

12-cr-00165-SWS-1
12-cr-00262-SWS-1
12-cr-00263-SWS-1
12-cr-00280-SWS-1

Date: 04/14/2021




Issuing officer's signature

City and state: Casper, WY

Margaret Botkins, Clerk, U.S. District Court

Printed name and title

Return

This warrant was received on (date) _____, and the person was arrested on (date) _____
at (city and state) _____.

Date: _____

Arresting officer's signature

Printed name and title

**This second page contains personal identifiers provided for law-enforcement use only
and therefore should not be filed in court with the executed warrant unless under seal.**

(Not for Public Disclosure)

Name of defendant/offender: _____

Known aliases: _____

Last known residence: _____

Prior addresses to which defendant/offender may still have ties: _____

Last known employment: _____

Last known telephone numbers: _____

Place of birth: _____

Date of birth: _____

Social Security number: _____

Height: _____ Weight: _____

Sex: _____ Race: _____

Hair: _____ Eyes: _____

Scars, tattoos, other distinguishing marks: _____

History of violence, weapons, drug use: _____

Known family, friends, and other associates *(name, relation, address, phone number)*: _____

FBI number: _____

Complete description of auto: _____

Investigative agency and address: _____

Name and telephone numbers (office and cell) of pretrial services or probation officer *(if applicable)*: _____

Date of last contact with pretrial services or probation officer *(if applicable)*: _____